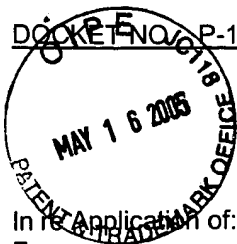


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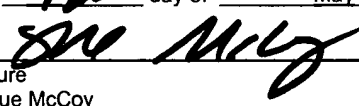


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT TRANSMITTAL**

In re Application of: Yong K. Cho et al.  
 For: Implantable Medical Device and Method for Delivering Therapy for Sleep-Disordered Breathing  
 Serial No.: 10/693,375  
 Filed: October 24, 2003

**CERTIFICATE OF MAILING UNDER 37 CFR 1.8:** I hereby certify that this **SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 12<sup>th</sup> day of May, 2005.

  
 Signature  
 Sue McCoy  
 Printed Name

**Mail Stop Amendment**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:


- ☒ Supplemental Information Disclosure Statement
- ☒ PTO FORM 1449
- ☒ Copies cited references
- ☒ Return Postcard

**FEE CALCULATION**

- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(b) (before mailing of first Office Action)
- ☒ \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification (cited in foreign application not more than 3 months earlier)
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(e) with Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(c) without Certification
- ☐ \$180.00 Pursuant to 37 CFR §1.97(d) with Certification

- ☐ Applicant hereby petitions for a \_\_\_\_\_ months' extension of time. If an additional extension of time is required, please consider this petition therefor.
- ☒ Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.
- ☒ Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked with regard to this filing. A duplicate of this transmittal is enclosed.

5/12/05  
 Date

  
 Daniel G. Chapik  
 Reg. No. 43,424  
 Telephone: (763) 514-3066  
 Customer No. 27581



**PATENT**

**THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Yong K. Cho et al. Docket No.: P-11461.00  
Serial No.: 10/693,375 Group Art: 3736  
Filed: October 24, 2003 Examiner:  
Title: IMPLANTABLE MEDICAL DEVICE AND METHOD FOR DELIVERING  
THERAPY FOR SLEEP-DISORDERED BREATHING

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**

The enclosed patents are cited as potentially pertinent to examination of the above application. The attorney for applicants certifies according to CFR §1.97(e) that each item of information contained in this Supplemental Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign patent application not more than three months prior to filing of the Statement.

Respectfully submitted,

YONG K. CHO ET AL.

By: 

\_\_\_\_\_  
Daniel G. Chapik  
Registration No. 43,424  
Tele: (763) 514-3066  
Customer No. 27581

Date Mailed:

Page 1 of 1

FORM PTO-1449

(Rev. 2-32)

**SUPPLEMENTAL INFORMATION DISCLOSURE  
STATEMENT BY APPLICANT**  
(Use several sheets if necessary)

U.S. DEPARTMENT OF COMMERCE  
PATENT AND TRADEMARK OFFICE

 ATTY. DOCKET NO.:  
P-11461.00

SERIAL NO: 10/693,375

APPLICANT: Yong K. Cho et al.

 FILING DATE:  
October 24, 2003

GROUP: 3736

**U.S. PATENT DOCUMENTS**

EXAMINER INITIAL		DOCUMENT NUMBER	DATE ISSUED	INVENTOR NAME	U.S. CLASS	U.S. SUB- CLASS	FILING DATE IF APPROPRIATE
	AA	2003/0153954 A1	08/14/03	Park et al.	607	17	
	AB	2002/0193697 A1	12/19/02	Cho et al.	600	529	

**FOREIGN PATENT DOCUMENTS**

		DOCUMENT NUMBER	DATE PUBLICATION	COUNTRY	INT. CLASS	INT. SUB- CLASS	TRANSLATION	
							YES	NO
		EP 0 940 155 B1	28.04.2004	EP	A61N	1/36		

**OTHER DOCUMENTS (Including Author, Title, Date Pertinent Pages, Etc.)**


EXAMINER

DATE CONSIDERED

EXAMINER:

Initial if citation considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.